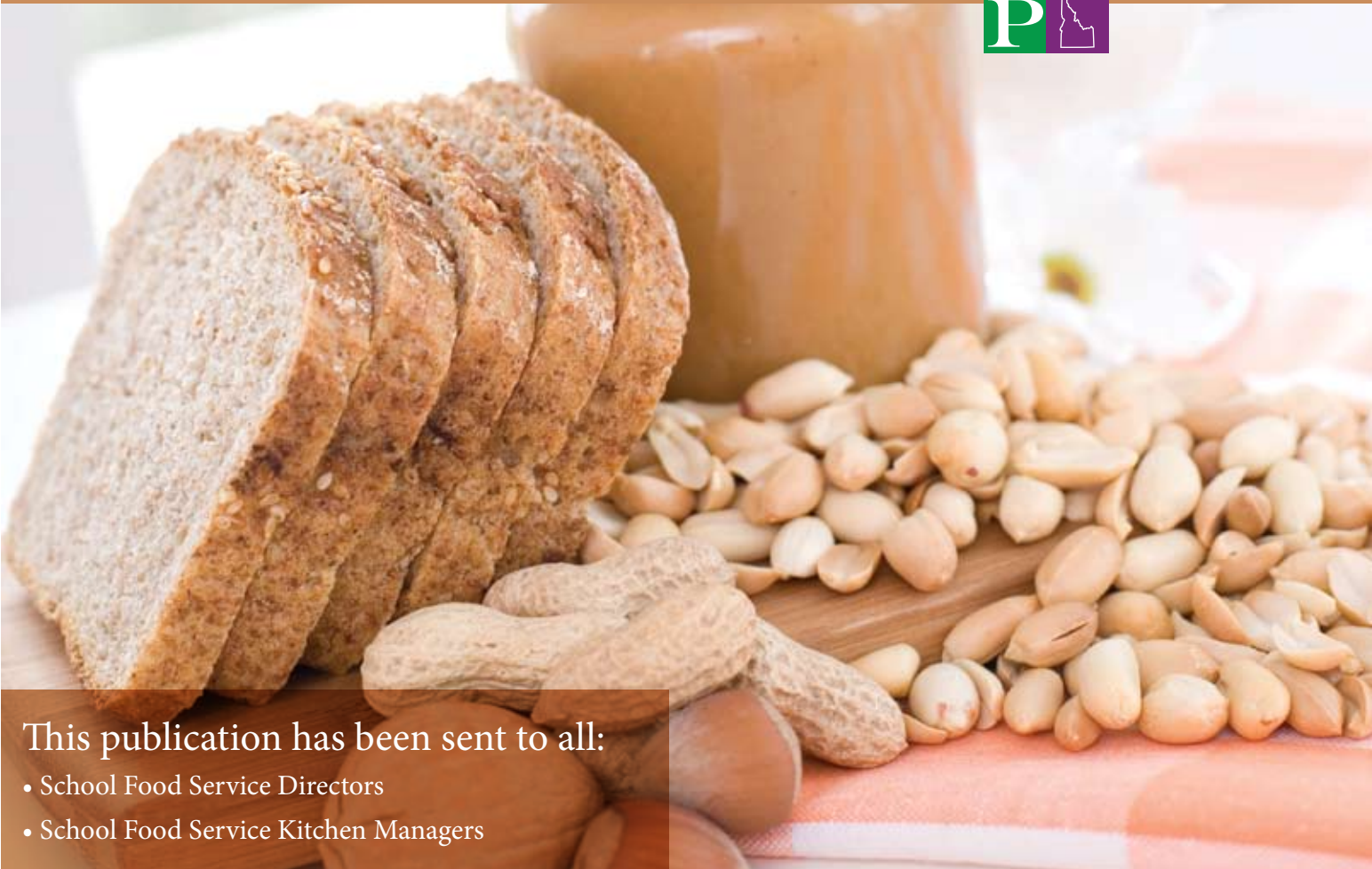


Nourishing News



IDAHO STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS

DECEMBER 2008



This publication has been sent to all:

- School Food Service Directors
- School Food Service Kitchen Managers

CELEBRATING DECEMBER

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Dec. 1 <i>Eat a red apple day</i>	Dec. 22 <i>National Date-Nut Bread Day</i>
Dec. 11 <i>UNICEF created</i>	Dec. 25 <i>National Pumpkin Pie Day</i>
Dec. 16 <i>Boston Tea Party</i>	Dec. 31 <i>New Year's Eve</i>
Dec. 19 <i>Oatmeal Muffin Day</i>	

To sign up for Child Nutrition trainings or for more information, visit our training web site: www.databasesdoneright.com/nutrition/

- CIRCULATE TO:
- ☐ Superintendent ☐ Principal
☐ School Nurse ☐ Health Teacher ☐ Kitchen Staff

Anaphylaxis – A Life Threatening Allergic Reaction

A very severe allergic reaction to an allergen is called anaphylaxis. It is so severe that if left untreated, it could result in death. Immediate medical attention is the best practice when a severely allergic child has been exposed to a known allergen.

Signs of Anaphylaxis include:

- ▶ **SKIN:** hives, swelling, itchiness, warmth, redness, rash
- ▶ **BREATHING:** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion/hay fever-like symptoms, trouble swallowing
- ▶ **STOMACH:** nausea, pain/cramps, vomiting, diarrhea, itchy mouth/throat
- ▶ **CIRCULATION:** pale/blue color, poor pulse, passing out, dizzy/lightheaded, low blood pressure, shock
- ▶ **OTHER:** anxiety, feeling of "impending doom," red/itchy/watery eyes, headache

If a child has an allergy, be prepared:

- ▶ Understand your school's allergy plan
- ▶ Identify the students with documented food allergies and serve them safe foods
- ▶ Develop standardized cleaning procedures for the cafeteria and kitchen
- ▶ Learn to recognize signs of anaphylaxis, and know how to activate the school's emergency plan



A Message from the Director

Serving children with special nutrition needs can be both challenging and rewarding for child nutrition professionals. The objective of this issue of Nourishing News is to offer

USDA regulatory guidance in this important area. In recent years, USDA Child Nutrition Programs has seen increasing emphasis on the importance of ensuring that children with disabilities have the same opportunities as other children to receive school meals. The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15b), in addition to the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician.

"What are the responsibilities of the school food service?"

- ▶ School food service staff must make food substitutions or modifications for students with disabilities.
- ▶ Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician.
- ▶ The school food service is encouraged, but not required, to provide food substitutions or modifications for children without disabilities with medically certified special dietary needs who are unable to eat regular meals as prepared.

- ▶ Substitutions for children without disabilities with medically certified special dietary needs must be based on a statement by a recognized medical authority.
- ▶ Under no circumstances is school food service staff to revise or change a diet prescription or medical order.
- ▶ All recommendations for accommodations or changes to existing diet orders must be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for reviews.
- ▶ The diet orders do not need to be renewed on a yearly basis; however, schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

A recommended resource for this important topic is *Meeting Children's Special Food and Nutrition Needs in Child Nutrition Programs*, developed by NFSMI (National Food Service Management Institute.) This resource is broken down into four lesson plans, (1) Getting to Know the Regulations, (2) Helping Students with Diabetes, (3) Managing Food Allergies and (4) Understanding inborn Errors of Metabolism. These materials can be found at www.nfsmi.org/ or contacting NFSMI at e-mail nfsmi@olemiss.edu or phone 800-321-3054.

Sincerely,

A handwritten signature in black ink that reads "Colleen Fillmore".

Colleen Fillmore, PhD, RD, LD
CNP Director

Reduce Risks for Students with Allergies

Anna Mae Florence RD, LD, Coordinator

Some of the best information for guidance in the area of food allergens comes from the Central Valley School District in the Spokane valley. Unfortunately, they learned the hard way, when a third grade child died from an anaphylactic reaction to peanuts. In their guidelines, you will not see any guarantees that schools will be totally free of a food allergen. They admit that no one can completely control the sources where food can come into a building. The key to preventing a death they acknowledge is education and training. Having the school team members and parents prepared to handle an emergency is vital.

This is from their 13-page booklet entitled *GUIDELINES FOR MANAGING LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS*. This booklet can be found at the following web address: www.cvsd.org/documents/esc/School_nurses/Guidelines_for_Students_with_Life_Threatening_Allergies.pdf

The district's website where this information and more can be found is: www.cvsd.org/guidelines_for_students_with_life-threatening_allergies.asp

"Deaths have occurred in schools because of delays in recognizing symptoms and not responding promptly or effectively. Plans that focus on food allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives."

To sum up the investigative findings following the student's death, the committee concluded, "Risk to students with life-threatening allergies in the schools cannot be completely eliminated, but it can be greatly reduced."

It is unfortunate that hindsight provides clearer vision. However, learning from other's mistakes is the intelligent approach. You are encouraged to view their information and form a policy at your district.



Reimbursable Meals and Serving the Special Dietary Needs of Children Without Disabilities

Mary Jo Marshall BS, Coordinator

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request that the school food service meet their special nutrition needs.

The school food service may make food substitutions, at their discretion, for these children. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement signed by a recognized medical authority which explains the food substitution that is requested.

The medical statement must include:

- ▶ an identification of the medical or other special dietary condition which restricts the child's diet;
- ▶ the food or foods to be omitted from the child's diet; and
- ▶ the food or choice of foods to be substituted.

Under no circumstances should school food service staff diagnose health conditions, perform a nutritional assessment, prescribe nutritional requirements, or interpret, revise or change a diet order.

In most cases, when the school nutrition department chooses to comply with these requests, obtaining the substituted items is the responsibility of the school nutrition

program. The school nutrition program also bears the costs associated with this. However, there is an optional way to provide for these needs: the parent may provide the necessary food items.

Recently, several sponsors asked if meals were reimbursable when the parent provided the entrée for the child and the sponsor of the child nutrition provided the rest of the meal. The State Department of Education Child Nutrition Program consulted with the Western Region Office of USDA and was granted approval to claim meals for reimbursement when the parent provided the entrée.

It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for State Agency reviews.

It is recommended that the sponsor document on the production record each day that a substituted meal is prepared by noting the students name and the food items served for the special needs diet.

Communication with the parent, child and medical authority is essential to providing a safe meal for the child. Documentation of this communication is the key to protecting all involved. In general, negligence occurs when a person fails to exercise the care expected of a prudent person.

In addition to the reimbursable meal definition above for a meal prescribed by a medical authority, a special needs diet meal that is prescribed by a licensed physician is a reimbursable meal under all menu planning systems.

For more guidance please consult "Accommodating Children with Special Dietary Needs in the School Nutrition Programs" manual on the CNP website or contact the State Agency.

Disability versus Intolerance

Lynda Westphal BS, Coordinator

Many people think the terms *food allergy* and *food intolerance* mean the same thing; however, they do not. A **food intolerance** is an adverse food-induced reaction that does not involve the immune system. Lactose intolerance is one example of a food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When the person eats milk products, symptoms such as gas, bloating, and abdominal pain may occur. This is when a Recognized Medical Authority (Physician, Physician Assistant, Nurse Practitioner, Registered Dietician, and Registered Nurse) could write a statement for food substitutions that the school food service may, but is not required to make food substitutions for the child.

A **food allergy** occurs when the immune system reacts to a certain food. Once the immune system decides that a particular food is harmful, it creates specific antibodies to it. The next time the individual eats that food, the immune system releases massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, and/or cardiovascular system. Scientists estimate that approximately 12 million Americans suffer from food allergies.

Symptoms may include one or more of the following: a tingling sensation in the mouth, swelling of the tongue and the throat, difficulty breathing, hives, vomiting,

abdominal cramps, diarrhea, drop in blood pressure, loss of consciousness, and even death. Symptoms typically appear within minutes to two hours after the person has eaten the food to which he or she is allergic.

In this case, a child falls under Section 504 of the Rehabilitation Act, and CNP regulations **require** substitutions or modifications in school meals for children whose disabilities restrict their diets. The Medical Statement is found on page 18.6 of the Food Service Manual.

As a Food Service Director, you should be included in all the planning meetings when a child is identified as having a disability and needing a Section 504 Plan. As part of this team which may include Principal or Counselor, Nurse, Parent, possibly child, Food Service Director, or anyone else protecting the wellbeing of the child, you will be following a plan of what foods need to be restricted from a child's diet and what the Food Service needs to substitute for the food. It is the Food Service responsibility to supply the food substitution and cannot charge the student for the added expense. If the accommodation requires modifying the texture of the food, it is the school's responsibility to supply someone who can properly modify the food and assist the child with their feeding.

The State Agency is here to help you when any of these situations come up. A listing of other resources is found on page 18.5 of the Food Service Manual. The definitions of food allergy and intolerance were accessed from the Food Allergy & Anaphylaxis Network at www.foodallergy.org/questions.html.

Identifying Common Food Allergens

In the past, it has been challenging to figure out if a food has any common allergens by looking at the food label. Starting January 1, 2006, it got much easier when the Food Allergen Labeling and Consumer Protection Act took effect. This law mandates that labels of foods containing the following 8 common allergens be identified in plain language on the ingredient list or elsewhere on the label:

- ▶ Peanuts
- ▶ Tree nuts (such as almonds, pecans, walnuts)
- ▶ Milk
- ▶ Eggs
- ▶ Soy
- ▶ Wheat
- ▶ Fish (such as bass, cod, flounder)
- ▶ Crustacean shellfish (such as crab, lobster, shrimp)

A good source for more information on food allergies is the Food Allergy and Anaphylaxis Network at www.foodallergy.org.



Team Approach Important When Working With Special Needs Diets

Heidi Martin RD, LD

Keeping a child with food allergies safe at school requires the cooperation and vigilance of many people, including teachers, administrators, coaches, cafeteria staff, maintenance staff, bus drivers, parents, and other students.

All school staff members who have responsibility for a student with food allergies should receive training that provides a basic understanding of the disease and the student's needs, how to identify medical emergencies, and which school staff members to contact with questions in case of an emergency.

Before the first day of school, arrange a meeting with the child's parent(s), teacher(s), the school nurse, and the head of school lunch program. If you can also get the principal to attend, all the better. Prior to the meeting, talk with the school nurse to determine whether an Individual Health Care Plan (IHCP) or a 504 Plan is recommended.

Important Topics to Discuss with the Food Allergy Team:

- ▶ What is a food allergy?
- ▶ What causes an allergic reaction?
- ▶ What are the symptoms of an allergic reaction?
- ▶ What is the recommended treatment?
- ▶ What is on the child's Individual Health Care Plan (IHCP)?

All teachers and staff who supervise kids at risk of anaphylaxis should receive training on:

- ▶ **C**omprehending the basic medical facts about food allergies
- ▶ **A**voiding the Allergen
- ▶ **R**ecognizing a Reaction
- ▶ **E**nacting Emergency Action Plan!



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